



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E268377**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE #	13-02209
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	FENCE

TRIAL RESERVATION	
DATE OF COLLISION	09 - 05 - 2013
TIME (2400)	0700
COUNTY #	31
MILES	
CITY #	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
CALLOW RD	BLOCK NO.	
	MILE POST	
DISTANCE		OF (REFERENCE OR CROSS STREET)
	MILES	
	FEET	
	N	E
	S	W
	LAKEVIEW DR	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253970120	
LAST NAME	WATSON	FIRST NAME	RYAN	MIDDLE INITIAL	P

STREET NEW ADDRESS	10224 7TH PL SE				
CITY	LAKE STEVENS	ST	WA	ZIP	98258

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	WATSORP042P5	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	10	25	1996
--------------------	--------------	-------	----	-----	---	--------	----------	----	----	------

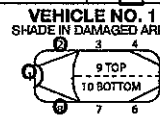
ON DUTY	STATUS	AIRBAG	1	RESTR	4	EJECT	1	HELMET USE	9	INJURY CLASS	1	NATURE OF INJURIES
---------	--------	--------	---	-------	---	-------	---	------------	---	--------------	---	--------------------

LICENSE PLATE #	B07614V	STATE	WA	VIN#	1GCEK14K6RZ223170
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	1994	MAKE	CHEV	MODEL	K1	STYLE	PK	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
REGISTERED OWNER INFO. GARY WATSON 10224 7TH PL SE LAKE STEVENS WA 98258 D: 4253970120											

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PEMCO CA0615178
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4258703562
---------	--	--------------------------------------	-------------------------------------	--	--	---------------------

LAST NAME	HEINLE	FIRST NAME	DEBBIE	MIDDLE INITIAL	
-----------	--------	------------	--------	----------------	--

STREET NEW ADDRESS	822 10TH ST
--------------------	-------------

CITY	SNOHOMISH	ST	WA	ZIP	98290
------	-----------	----	----	-----	-------

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.	MMDDYYYY			
--------------------	--	-------	--	-----	---	--------	----------	--	--	--

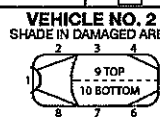
ON DUTY	STATUS	AIRBAG		RESTR		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
---------	--------	--------	--	-------	--	-------	--	------------	--	--------------	--	--------------------

LICENSE PLATE #		STATE		VIN#	
-----------------	--	-------	--	------	--

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input type="checkbox"/>
REGISTERED OWNER INFO.											

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	BOB SUMMERS	BADGE OR ID #	079	AGENCY	WA0311900
------------------------	-------------	---------------	-----	--------	-----------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E268377**

CASE # **13-02209**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)																		
NAME (LAST, FIRST, MIDDLE INITIAL)		RIGGLE TYLER J																
ADDRESS & PHONE # 7819 12TH ST SE LAKE STEVENS WA 98258 4252935071						SEX M	D.O.B. MMDDYYYY 12	-	12	-	1996							
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY	-		-								
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY	-		-								
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

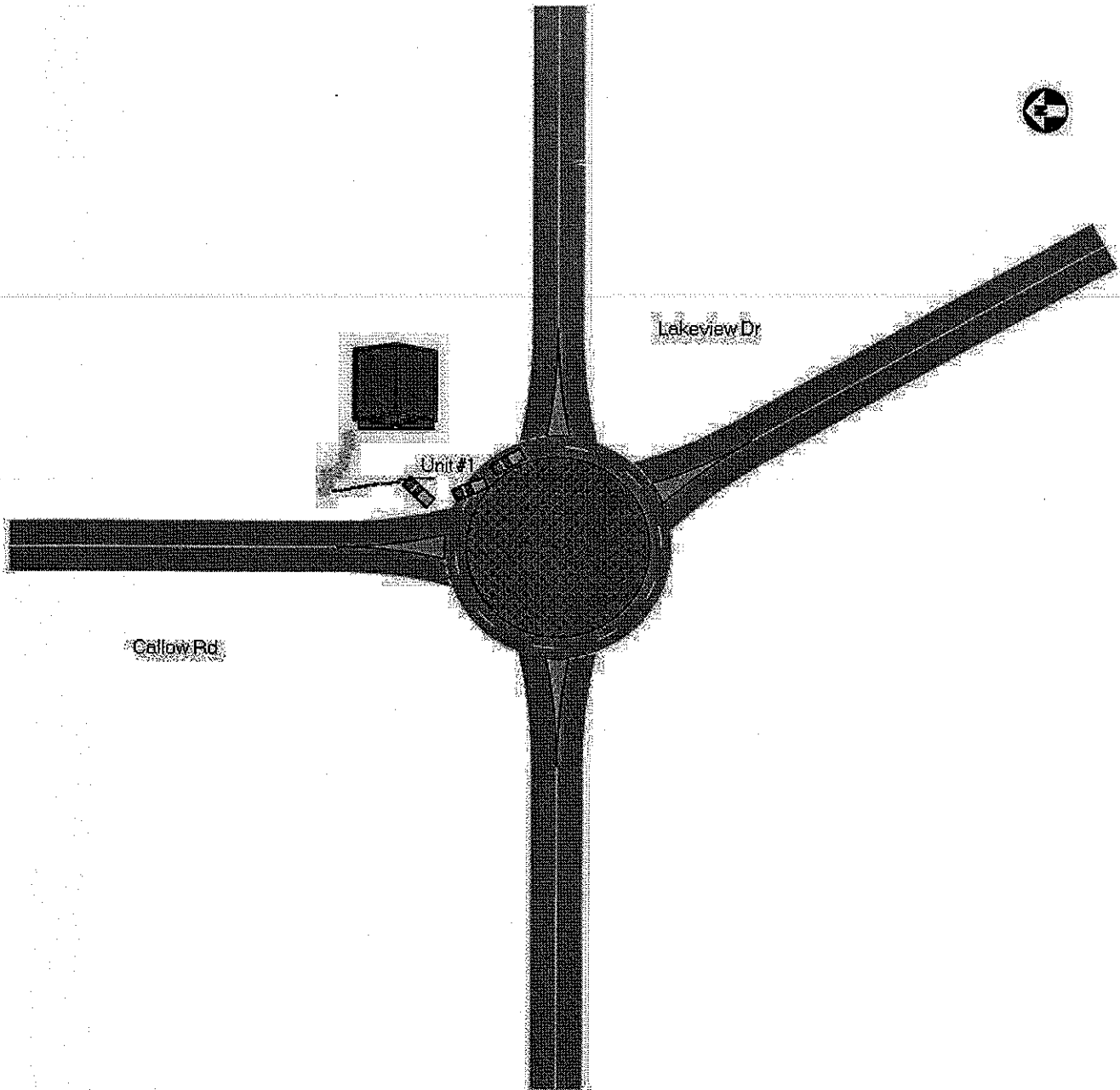
On 09-05-13 at about 0700 hours Unit #1 lost control at the round-a-bout and went through a roadway curb and into a wooden and concrete fence. The vehicle showed skid marks about 8 feet on the roadway into the path of the fence. Unit #1 license plate and broken parts were left on the ground with the broek fence.

An area check was conducted and the vehicle was located at the 11400 block of 32nd St NE in the city of Lake Stevens. Unit #1 sustained extensive damage to the front bumper area. The driver of Unit #1 was a Lake Stevens High School student who was located and interviewed.

Unit #1 driver admitted he lost control of the vehicle and collided with the fence. He got scared and drove away from the scene. He and the property owner have decided to handle the situation between themselves.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

BOB SUMMERS		09-08-13 11:08 AM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	PLACE SIGNED
APPROVED BY BOB SUMMERS 079		DATE 9/8/2013 12:44:13 PM	
BADGE OR ID # 079	ORI # WA0311900	TIME POLICE DISPATCHED 7:09 AM	TIME POLICE ARRIVED 7:19 AM



LAKE STEVENS POLICE DEPARTMENT

EXPLANATION OF RIGHTS

CASE NUMBER

13-02209

SUSPECT INFORMATION

NAME (LAST, FIRST MIDDLE)	RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES
Watson, Ryan, Patrick			M						
STREET ADDRESS	CITY	STATE	ZIP	RES. STATUS					
10224 7th Plse	Lake Stevens	WA	98258						
HOME PHONE	CELL PHONE	PLACE OF EMPLOYMENT							
(425) 397-0120	(425) 268-2363	ZunieZ							
WORK PHONE	EMAIL ADDRESS								
	RyanWatson96@gmail.com								

BEFORE QUESTIONING OR MAKING OF ANY STATEMENT I, Ryan Watson HAVE BEEN ADVISED BY OFFICER/DETECTIVE _____ OF THE FOLLOWING RIGHTS:

INIT <u>RW</u>	I HAVE THE RIGHT TO REMAIN SILENT
INIT <u>RW</u>	ANYTHING I SAY CAN BE USED AGAINST ME IN A COURT OF LAW
INIT <u>RW</u>	I HAVE THE RIGHT AT THIS TIME TO TALK TO A LAWYER AND HAVE HIM PRESENT WITH ME WHILE I AM BEING QUESTIONED
INIT <u>RW</u>	IF I CANNOT AFFORD TO HIRE A LAWYER, ONE WILL BE APPOINTED TO REPRESENT ME BEFORE ANY QUESTIONING, IF I WISH
INIT <u>RW</u>	I CAN DECIDE AT ANY TIME TO EXERCISE THESE RIGHTS AND NOT ANSWER ANY QUESTIONS OR MAKE ANY STATEMENTS
INIT <u>RW</u>	IF I AM UNDER THE AGE OF 18, ANYTHING I SAY CAN BE USED AGAINST ME IN A JUVENILE COURT PROSECUTION FOR A JUVENILE OFFENSE AND CAN ALSO BE USED AGAINST ME IN AN ADULT COURT CRIMINAL PROSECUTION IF I AM TO BE TRIED AS AN ADULT

I UNDERSTAND MY CONSTITUTIONAL RIGHTS. I HAVE DECIDED NOT TO EXERCISE THESE RIGHTS AT THIS TIME. ANY STATEMENTS MADE BY ME ARE MADE FREELY, VOLUNTARILY, AND WITHOUT THREATS OR PROMISES OF ANY KIND.

SIGNATURE: Ryan Watson DATE: 4-5-2013 LOCATION: Lake Stevens High School

I was going through the round about going 15 mph and my car lost traction and spun out into someone's fence. I know I shouldn't of left but I panicked and was scared to talk to the house owner.

DIAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Ryan Watson</u>	DATE SIGNED <u>4-5-2013</u>	LOCATION SIGNED <u>Lake Stevens high school</u>
OFFICER/NUMBER <u>[Signature]</u>	DATE SIGNED <u>4-5-13</u>	LOCATION SIGNED <u>LAKE STEVENS</u>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

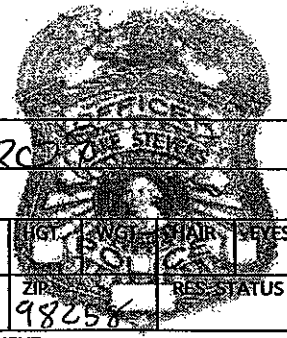
PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

13-0220



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Mudge, Shari Lynn	RACE W	ETH	SEX F	DOB 08/02/79	AGE 34	HGT 5'0"	WGT 130	HAIR BLK	EYES BLU
STREET ADDRESS 2311 Callow RD		CITY Lake Stevens			STATE WA		ZIP 98258		RES. STATUS	
HOME PHONE		CELL PHONE (425) 422-4258				PLACE OF EMPLOYMENT				
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I heard skidding, pelling out kind of noise outside. By time I got out of bed there was a loud crash. I looked out the window to see a truck backing up out of my yeard where he had taken down my fence. I ran outside to talk to the person but he took off down the road as fast as he could. He was driving an older pickup truck, blue and white I think.

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 9/05/13	LOCATION SIGNED 2311 Callow RD Lake Stevens
OFFICER/NUMBER: 	DATE SIGNED 9/15/13	LOCATION SIGNED LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>R. SUMMERS #2913</i>			Case Number <i>02209</i>		
Type of Crime: Felony / <u>Misdemeanor (Circle)</u>			Type of Case: <i>COLLISION</i>			Date/Time: <i>9-5-13</i>		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					

Item # Action #	Item <i>DUD-12</i>	Brand Name <i>VERBATIM</i>		Storage Location	Disposition
	Brand/Model/Caliber _____		(Further Description) _____		
	Serial # _____	Where Found _____	Weight of Narcotic _____		
Owner's Name <i>CALLOW RD / LAKEVIEW DR.</i>					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>LAKE STEVENS, WA 98258</i>					

Item # Action #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions _____					

Item # Action #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions _____					

Item # Action #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions _____					

Item # Action #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____					Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions _____					

EVIDENCE CONTROL USE ONLY:					
Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:	
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File	

Incident History for: #SS13019831

Case Numbers: \$SS13002209

Received 09/05/13 07:07:57 BY SPCT09 SP0323
Entered 09/05/13 07:08:45 BY SPCT09 SP0323
Dispatched 09/05/13 07:09:03 BY SPDP17 SP0120
Enroute 09/05/13 07:09:21
Onscene 09/05/13 07:19:43
Closed 09/05/13 08:29:20

Initial Type: ACCP Initial Alarm Level: Final Alarm Level:

Final Type: ACCP (ACCIDENT, PRIORITY) Pri: 1 Dispo: H

Police BLK: SS001 Fire BLK: AG1619 Map Page: 377F-5 Group: SS1 Beat: NORT

Src: 9

Loc: 2311 CALLOW RD ,LKS btwn LAKEVIEW DR & OAK RD (V)

Latitude: (+) 48.018204 Longitude: (-) 122.090077

Loc Info:

Name: MUG SHERRI

Addr:

Phone: 4254224258

/0708 (SP0323) ENTRY ,CC, J/O, BLU/WHI PU WENT THROUGH RP'S FENCE, LS
H NB
/0709 (SP0120) DISP SS1931 #SS75 CHRISTENSEN, OFCR (CHAD)
/0709 ENROUT SS1931
/0709 (SP0323) SUPP NAM: MUG SHERRI,
TXT: L/B07614V
/0709 (***** REMINQ SS1931 B07614V
/0709 (SP0120) REMINQ SS1931 LIC, 1931, B07614V, ,,
/0710 (***** REMINQ SS1931 WATSON, GARY, M, 03211956..
/0710 (SP0120) REMINQ SS1931 NAME, 1931, WATSON, GARY, M, 03211956, ,
/0716 ASSTER SS1912 [2311 CALLOW RD ,LKS]
#SS79 SUMMERS, SGT (ROBERT)
/0719 (SS75) *ONSCNE SS1931
/0719 (SP0120) ONSCNE SS1912
/0721 CHGLOC SS1931 [10224 7 PL SE]
/0721 MISC SS1912 , PLATE LEFT BEHIND IN FRONT YARD
/0725 ASNCAS SS1912 \$SS13002209
/0728 (SS75) *ONSCNE SS1931
/0733 (SP0120) CHGLOC SS1931 [LKS HS]
/0734 NEWLOC SS1912 [32 ST NE /114]
/0734 ASSTOS SS1933 [32 ST NE /114]
#SS102 PLANALP, OFFICER (DANIEL)
/0735 ENROUT SS1912
/0740 ONSCNE SS1912
/0742 (SS75) *ONSCNE SS1931
/0748 (SS102) CLEAR SS1933
/0748 (SP0120) CHGLOC SS1912 [LKS HS]
/0750 (SP0345) ONSCNE SS1912
/0758? (SP0323) SUPP NAM: WHATSON, DAWN,
PHO: 4253436294,
TXT: PH, THIS RP IS SUS'S MOM, SON SHOULD BE AT
HS STATED PD WANTED TO TALK TO HER ABOUT ACC
, SUP GVN
/0759 (SP0345) MISC
/0812 CLEAR SS1931
/0829 CLEAR SS1912 D/H
/0829 CLOSE SS1912

FINAL